PART B – FEE(S) TRANSMITTAL

Complete and serve	this form, together	with applicable f	ee(s) to:	Mail Box ISS	UE FEE			/	
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MDR. T	<u>5</u>			FAX	(571)-273-28				
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W. DANIEL SWAYZ				(CERTIFICATE OF MAIL	ING OR 1	FRANSMISSION		
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2 FC:1504 300. APPLICATION NO.	.00 DA FILING DATE	EIDET MA	MED INVENT		3/06 ATTORNEY DOCK	FT NO	CONFIRMATION	NO.	
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FITLE OF INVENTION:	DIFFERENTIAL	PREAMPI IFIFE	RHAVING	BALANCED	RESISTOR NE	TWOR	K		
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				age, list (1) the names of up to 3 1 W. Daniel Swayze, Jr. gistered patent attorneys or agents OR,					
· a				ematively, (2) the	name of a single firm	2 <u>W</u>	/. James Brady		
form PTO/SB/122) attached.				ttorney or agent) and the names of up to					
				egistered patent	attorneys or agents.	3 <u>F</u>	rederick J. Telecky, J	ir.	
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	RESIDENCE DATA TO BE								
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een previously submitted to	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment have previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.								
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Please check the appropriate	e assignee category or cate	egories (will not be printe	ed on the naten	DALLAS, TX 7		er private 4	group entity 🔲 govern	ment	
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Commissioner for Patents is Authorized Signature)	requested to apply the Issu	(Date)	co (ii any) or t	o re-apply any pre	viously palu issue tees	o me app		-	
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